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From: Richard A. Jones

Date: May 4, 2005

Total Number of Pages Including Cover Sheet: 19

Message:

RE: Application No.: 10/753,867 Filing Date: January 8, 2004  
 Applicant(s): Nicholas Jackson Jr.  
 Group Art Unit: 3677  
 Examiner: Jeffrey Andrew Sharp  
 Title: FASTENER  
 Attorney Docket: 46536-0002  
 Reply To Office Action Dated January 4, 2005

Transmitted herewith are the following documents:

- 1) USPTO Transmittal Form (including Certificate of Facsimile Transmission) (1 page);
- 2) Fee Transmittal For FY 2005 (1 page);
- 3) Petition For Extension Of Time Under 37 C.F.R. 1.136(a) (1 page);
- 4) Credit Card Payment Form PTO-2038 (1 page); and
- 5) Amendment and Response (14 pages).

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Client Name:  
 Client/Matter Number: 46536-0002  
 Attorney Number: [987]  
 Secretary/Ext.: Sandy Byrnes/ 7545

**OFFICE CODE**

Matter Name:  
 Attorney Initials: RAJ  
 No. of Pages: 19  
 Amount:

Doc

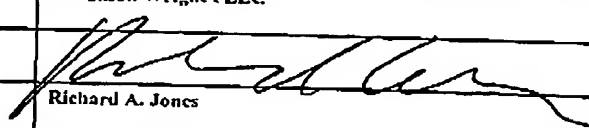
PTO/SB/21 (08-04)

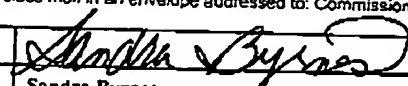
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<b>TRANSMITTAL FORM</b>	Application Number	10/753,867	
	Filing Date	January 8, 2004	
	First Named Inventor	Nicholas Jackson Jr.	
	Art Unit	3677	
	Examiner Name	Jeffrey Andrew Sharp	
(to be used for all correspondence after initial filing)		Attorney Docket Number	46536-0002
Total Number of Pages in This Submission			

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Credit Card Payment Form PTO-2038</b>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Dickinson Wright PLLC		
Signature			
Printed name	Richard A. Jones		
Date	May 4, 2005	Reg. No.	39,242

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the			
Signature			
Typed or printed name	Sandra Byrnes	Date	May 4, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to be 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		<b>Complete if Known</b> Application Number <b>10/753,867</b> Filing Date <b>January 8, 2004</b> First Named Inventor <b>Nicholas Jackson Jr.</b> Examiner Name <b>Jeffrey Andrew Sharp</b> Art Unit <b>3677</b> Attorney Docket No. <b>46536-0002</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> <b>\$1,470.00</b>			

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☒ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit    Deposit Account Number: 04-1061    Deposit Account Name: Dickinson Wright PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17    ☐ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)  
 Each independent claim over 3 (including Reissues)  
 Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**  
 27 - 20 or HP = 7 x \$50.00 = \$350.00  
 HP = highest number of total claims paid for, if greater than 20.  
**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**  
 8 - 3 or HP = 5 x \$200.00 = \$1,000.00  
 HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding photographs).